

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ultimate Business Solutions
c/o Legal Department
815 West 1st Avenue, Suite 146
Mesa, AZ 85202

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

Mark Wilson

C. Date of Delivery

11-6

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

11-6 CN 797-MHT

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7006 0100 0000 0733 2526

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540